



14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

DATE OF REVIEW: 5/11/2015

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical Epidural Injection under Fluoroscopy with IV sedation, C5-C6.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

D.O. Board Certified in Anesthesiology and Pain Management.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
☒ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained work related injuries to the neck, right shoulder and upper back area when he fell 9 feet on xx/xx/xx. Patient is diagnosed with post cervical laminectomy pain syndrome with recurrent right cervical radiculopathy. Patient is s/p laminectomy from C3-C7, anterior fusion from C3-C6. Past treatments include but not limited to, medications, physical therapy, exercise, HEP, Cervical Epidural Steroid Injection. Physical exam showed tenderness over the cervical interspinous region with associated radiculopathy, decrease sensation to pin prick at C5 distribution with some weakness in Biceps muscles. Presently patient on Neurontin, Norco, Elavil, and Cymbalta. Patient does have a history of depression and anxiety. MRI of the cervical spine on 11/18/2014 showed evidence of laminectomy at C3-C7, anterior fusion C3-C6, suggestion of myelomalacia at C4-C5 level, bilateral foraminal stenosis C7-T1. After an epidural steroid injection performed on 12/16/2014, patient reported some relief at the beginning that improved subsequently to 70-80% and lasted for over six weeks. The patient now is reporting that the pain is coming back.

ANALYSIS FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION AND EXPLANATION OF THE DECISION. INCLUDE CLINICAL BASIS.

Per ODG references the requested "Cervical Epidural Injection under Fluoroscopy with IV sedation C5-C6" is medically necessary.

According to note dated 3/02/2015, the patient has classic cervical radiculopathy, decreased neck range of motion and pain with flexion. He did have improvement and pain relief between 70-80% that lasted over six weeks. His sleep is improved with combination of Cymbalta in the morning and Amitriptyline at night. His pain is fairly controlled with the combination of Gabapentin and Norco 10 mg three times a day. Also the IV sedation is medically necessary for this patient since he has a history of Anxiety.



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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☐ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES